

Who will treat my child's squint?

There are 3 groups of people who may be involved in treatment for a squint:

The Orthoptist - a specialist in disorders of eye movement and children's vision development. Regular visits to the orthoptic department is important to monitor the development of vision, measure the effect of glasses wear on the squint and advise on treatment.

The Optometrist - will carry out a test for glasses and check the eye health.

The Ophthalmologist - the eye doctor. Will be responsible for the general eye care, giving advice if surgery is recommended and will carry out any surgery necessary.

Contact us:

If you have any questions, please speak to any of the eye care professionals at your next appointment., or you can call the Orthoptic department

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Tel: **01639 862278**



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Childhood Squint

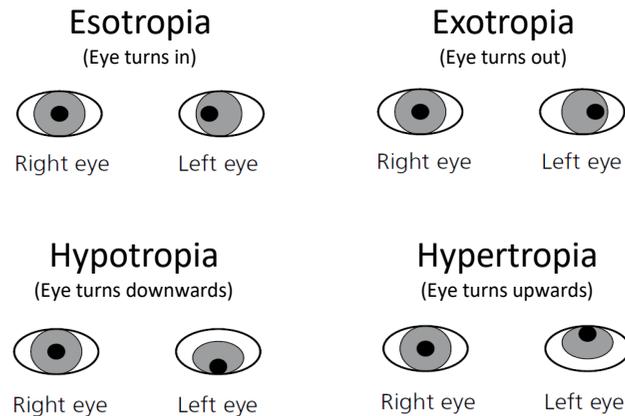
Information for Parents and Carers

What is a squint?

A squint is a term used to describe when the eyes are not looking in the same direction. This means they are not working together as a pair. One eye may look straight while the other eye turns inwards, outwards, upwards or downwards.

The medical term for squint is strabismus.

The illustration below shows what these different squints may look like along with their clinical names. The left eye is the affected eye in each diagram.



What causes a Squint?

There can be many different causes for a squint, but in many cases the reason is unknown.

In many cases the squint is caused by longsightedness (hypermetropia). This will cause an inward turning squint due to the effort required to see more clearly making the eye turn in.

Occasionally a squint can be caused by a weak or abnormal eye muscle. In rare cases a squint is a result of an abnormality of the eye or eye nerves. The chances of a child developing a squint are higher if someone else in the family has a squint.

Other risk factors include: babies born prematurely or children with other conditions such as cerebral palsy, Down's Syndrome or a general delay in development.

Will my child grow out of a squint?

No - A squint will not get better by itself but early detection and advice on treatment is very important. The size of a squint may reduce with glasses or with treatment to help vision, both of which can make it less noticeable.

How is a squint treated?

The 3 main treatments to manage a squint are glasses, occlusion therapy and surgery. Your child may require one, two or all three of these treatments depending on the type of squint.

Glasses:

May be needed to correct long sight, short sight and/or astigmatism. Glasses can sometimes reduce the size of a squint or occasionally straighten the eyes completely.

Occlusion therapy:

The development of a squint during childhood is a significant risk to a child vision. With a squint, the brain may ignore what is seen by the turning eye, stop it developing and result in that eye having poor vision. Occlusion therapy uses patching or blurring drops in the straight eye to encourage the squinting eye to be used. This will improve the vision but will not change the turn itself.

Surgery:

Only considered after achieving best level of vision with glasses and/or occlusion. Surgery can be done to improve the alignment of the eyes or in some cases allow the eyes to work together as a pair.

How long does treatment take?

This varies from patient to patient. Children are generally seen in the Orthoptic department until they are 7-8 years of age as this is when their visual development has reached maturity. Good results are easier to achieve if treatment is started early.